



Geriatric Nursing Pioneers: A Legacy that will Last

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ABSTRACT

Numerous nurses contributed significantly to the growth and development of gerontological nursing. Those were the fundamentals of gerontological nursing and served as its foundation. The foundation of gerontological nursing was strengthened by the following pillars. Today, rising scholars serve as the foundation for the field of gerontological nursing's future. This article highlights the outstanding gerontological nurses who have made and continue to make contributions to the mature specialization of gerontological nursing's research, practice, and education.

Keywords: Gerontological nursing; Nursing labour force; Health

INTRODUCTION

Many medical attendants have given unselfishly to propelling information to illuminate proof based gerontological nursing care, creating training projects to set up the gerontological nursing labor force, and executing inventive practice models to serve the exceptional requirements of more seasoned grown-ups. This article aims to honor these nurse leaders and pioneers and the contributions they made to the growth and expansion of gerontological nursing as a specialty. We provide a brief summary of their accomplishments and acknowledge that not everyone who has contributed to the specialty's expansion can be identified.

DESCRIPTION

The establishment/building blocks for gerontological nursing started over quite a while back and we celebrate as opposed to memorialize those people as we proceed with their vision. Irene Burnside PhD, RN (1910-2003) was a motivation to numerous ages of attendants in her spearheading work on helpful gathering work with older people utilizing life survey and memory. Many graduate students in the late used her book *Nursing the Aged* as their primary textbook. Doris Schwartz remembered for conducting some of the earliest research in gerontological nursing. She was the Coordinator of Nursing Education at the Ethel Percy Andrus Gerontology Center at the University of California, Los Angeles from she established Cornell's first program for gerontological nurse practitioners (GNPs). She was honoured as a Living legend by the American Academy of Nursing (AAN) in 1977 and was named a Living legend by the AAN in 1997. The Doris Swartz Award is

presented annually by the Gerontological Society of America Many of the people discussed in this article [1].

Our research demonstrated that the relationship between work ability and self-rated job performance can be partially mediated by work-health balance. One of our hypotheses, however, was not supported, and work-health balance could not be regarded as a mediating factor between work capability and job performance as assessed by supervisors. By concentrating on the dynamics surrounding the balance between health and work demands for older manual workers, this study adds to the body of literature on extending working lives. We discovered that work ability influences how well employees think their jobs are going [2].

Only employees over the age of 50 were included in the study's sample, which only represented one sector of the economy. Also unknown is whether the sample was representative of the national or regional steel industry. Due to the difficulty of handing out paper-based surveys, the response rate was quite low we can infer that a bias in selection occurred and that only employees who were eager to support organisational initiatives gave an answer. Additionally, Italy's manufacturing industry is heavily politicised, and the project had the backing of the union. The notion that an employer might inquire about a worker's health is seen as highly sensitive and an invasion of their right to privacy [3].

The majority of the participants were men, so the gender imbalance is this study emphasises that for older manual workers, work-health balance acts as a mediating factor between work ability and self-reported job performance. Contrarily, work-health balance does not mediate the impact of work ability on job performance as determined by supervisors. Additionally, there is a positive

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correlation between work ability and work-health balance and both measures of job performance; however, work ability is more highly correlated with supervisor-rated job performance than work-health is with self-assessed job performance. These findings imply that there are various ways to improve job performance, depending on whether it is self- or supervisor-assessed. The work ability index and work-health balance questionnaire are helpful tools to use in organisational health promotion, according to the study's first practical implication [4,5].

CONCLUSION

Researchers and occupational health professionals have focused on the health status of older workers as a key factor in extending working lives. Health is more than just physical or mental problems or the evaluation of one's ability to work. The ability of employees to manage the demands on their health at work and maintain an active, sustainable, and responsible balance between various spheres, including work and health, is another aspect of employee well-being. This study demonstrates that management attention to employee well-being and widespread organisational support

for health management are important factors in enhancing older workers' performance. The literature on healthy ageing at work and the viability of long working lives can both benefit from this study. It provides fresh insight.

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